

DEPARTMENT OF EMPLOYMENT SECURITY
COLLECTION ENFORCEMENT
33 S. STATE STREET, 10th FLOOR
CHICAGO, IL 60603
312-793-8333
312-793-2361 (fax)

Employer Name _____
DBA Name _____
Address _____
City, State, ZIP _____

AFFIDAVIT FOR TERMINATION PURSUANT TO 56 Ill. Adm. Code 2760.110(c)

_____ on oath states:

Employer _____, Account No. _____,
ceased to pay wages for services in employment as of _____, and
said employer ceased to have any individual performing services for it as of
_____. Said employer has met the requirements for termination of
coverage pursuant to 56 Ill. Adm. Code 2760.110 (c).

I understand that termination of coverage under this Rule shall be rescinded as of the
date that the employing unit begins, later in the same calendar year or in the
succeeding calendar year to have any individual performing service for it on any part
of any day.

Certification: Under penalties as provided by law pursuant to 820 ILCS 405/2800, the undersigned
certifies that the statements set forth in this Affidavit are true and correct in substance and in fact.

_____	Federal I.D. Number _____
Print Name	Title
_____	Telephone Number _____
Signature	

This form must be signed by the owner, partner, officer or authorized agent within the employing
enterprise. If signed by any other person, a power of attorney must be attached.

Signed and sworn to before me on this _____ day of _____, 20_____

_____ Notary Public

This **Affidavit for Termination** must be accompanied by a **Notice of Change Form** (UI-50A).